

# VOLUNTEER REGISTRATION FORM



**Please complete this form for each participant and return by April 11<sup>th</sup>**

**Nature Foundation SA**

PO Box 448

Hindmarsh SA 5007

[NatureFoundationSA@nfsa.org.au](mailto:NatureFoundationSA@nfsa.org.au)

Fax 08 8340 2506 Tel 1300 366 191

1. Mr/Miss/Ms/Mrs. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone(home) \_\_\_\_\_ Telephone(work) \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_
2. Date of birth: \_\_\_\_\_
3. Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone(home): \_\_\_\_\_ Telephone(work) \_\_\_\_\_  
Mobile: \_\_\_\_\_ email: \_\_\_\_\_
4. Do you have any medical conditions, allergies, disabilities or past injuries that may affect your participation?  
\_\_\_\_\_  
\_\_\_\_\_
5. Vehicle type & registration: \_\_\_\_\_  
Do you have space to car pool YES/NO  
Do you require 4WD transport to/from Adelaide-Witchelina YES/NO
6. Self Accommodation:  
will you require steel bedframe in Shearers Quarters [limited spaces] YES/NO  
Supplying own: Tent / Swag / Camper-trailer  
  
- Do you hold a first aid certificate YES/NO  
- Will you be bringing UHF Radio(s) YES/NO  
- Do you have any specialist skills \_\_\_\_\_  
- Est. Arrival time at Witchelina on Wednesday 26<sup>th</sup> April: \_\_\_\_\_  
- Planned departure date/time (if not Monday morning): \_\_\_\_\_

## Conditions of Participation

I agree to comply with the following terms:

- i. I have notified NFSA of all relevant medical conditions.
- ii. I shall cooperate to ensure a safe, happy and hygienic team environment.
- iii. Photographs or videos taken of me on this project can be used for promotional purposes.
- iv. I will comply with NFSA policies, while also accepting responsibility for my own safety and the safety of my personal belongings. Furthermore, I will not knowingly or carelessly endanger the safety and welfare of any other participant or NFSA staff.

I understand that failure to comply with any of these conditions may result in me being requested to leave

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Details

Nature Foundation SA will provide catering of dinners during the Working Bee (Thur-Sun)  
There is a charge of \$50/pp to help cover costs.

Name:	
\$50/person	X _____
Total: \$	

MasterCard/Visa/AMEX/Diners Club										Name on card:										
#																				Expiry: /
CCV (Security No):										Signature:										

Please circle: Credit Card / Cash / EFT

Electronic Funds Transfer

Name: Nature Foundation SA Inc

BSB: 105900

Account: 963747240

Description: WitchelinaWB, add in name

Please email the Nature Foundation at [NatureFoundationSA@nfsa.org.au](mailto:NatureFoundationSA@nfsa.org.au) to advise of EFT transfer

## WITCHELINA NATURE RESERVE GRAND WORKING BEE PAYMENT FORM